

Authorization for outpatient mental health services (psychiatrist only) provided to CMSP beneficiaries must be forwarded to the appropriate Medi-Cal field office. (See the provider manual for more information.)

AID CODE 50

Aid code 50 extends emergency medical benefits to CMSP county residents with an undetermined immigration status. Recipients with aid code 50 are covered for current CMSP pharmacy, radiology, laboratory, dialysis, dialysis-related, tubal ligation and kidney transplant services when ordered by the primary provider. CMSP pays for follow-up care related to an emergency IF the original emergency service was reimbursed by CMSP.

EMERGENCY SERVICES DEFINITION

“Emergency Services” means those services which require an immediate response to the following conditions:

- alleviation of severe pain; or
- diagnosis and treatment of unforeseen medical conditions, which if not immediately diagnosed and treated would lead to disability or death;

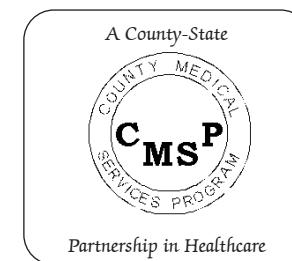
Any service classified as an emergency, not subject to prior authorization, must be supported by a statement from a physician, podiatrist, dentist, or pharmacist indicating why the services were considered immediately necessary.

CLAIMS PROCESSING

Electronic Data Systems (EDS) processes all CMSP health care claims. Providers participating in the Medi-Cal program will be automatically enrolled in CMSP. Providers must use the Medi-Cal claim form to bill for authorized and covered CMSP services. CMSP claims are subject to the same Medi-Cal policy edits and audits. CMSP dental claims are billed directly to Delta Dental, except dental services provided by a Rural Health Clinic which are billed to EDS. CMSP reimbursement is at Medi-Cal levels of payment; however, CMSP may reduce its payment rates below Medi-Cal reimbursement levels to remain within its budget. Providers are notified in advance, via the Medi-Cal Bulletin, of any CMSP rate reductions. Providers must accept CMSP payment as payment in full for services provided. When a CMSP recipient has Other Health Coverage, providers must bill the insurance carrier prior to billing CMSP or submit a denial letter from the carrier with the CMSP claim.

FREQUENTLY ASKED PROVIDER QUESTIONS

- Q: How do I become an enrolled CMSP provider?
A: You are an eligible CMSP provider if you are enrolled in the Medi-Cal Program.
- Q: How do I provide services to CMSP beneficiaries?
A: In the same manner that you provide services to a Medi-Cal beneficiary. If the service requires a TAR under Medi-Cal, it requires a TAR under CMSP. You would send the TARs to the appropriate field office.
- Q: How do I bill for services provided to CMSP beneficiaries?
A: In the same manner as you bill for Medi-Cal.
- Q: What are the reimbursement rates for services provided to CMSP beneficiaries?
A: Typically, they are the same as Medi-Cal, although CMSP may reduce its payment rates below Medi-Cal reimbursement levels to remain within its budget.
- Q: Does CMSP have the same scope of services as Medi-Cal?
A: No. There are some services not provided under the CMSP. Please see “NONCOVERED SERVICES” elsewhere in this brochure.
- Q: In what county must a CMSP beneficiary reside?
A: You will find a complete listing of participating CMSP counties in your provider manual as well as identified on the front of this brochure.
- Q: Whom can I contact on questions of billing problems for medical services?
A: EDS at 1-800-541-5555
- Q: To whom can I refer a beneficiary with questions on benefits?
A: A beneficiary can contact the Beneficiary Inquiry Unit at (916) 636-1980.
- Q: Whom can I contact with questions of billing problems for dental services?
A: Denti-Cal can be contacted at 1-800-423-0507. Rural Health Clinics contact EDS at 1-800-541-5555.
- Q: Whom can a beneficiary contact with questions on dental services?
A: Denti-Cal can be contacted at 1-800-322-6384.



PROVIDER INFORMATION



COUNTY MEDICAL SERVICES PROGRAM
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 322-1478
FAX (916) 323-3350
www.dhs.ca.gov/cmosp

The County Medical Services Program (CMSP) is a unique County/State partnership formed to provide for the medical and dental care needs of medically indigent adults in rural and semi-rural counties of California.

A change in State law, effective January 1, 1983, transferred the responsibility of providing health care services to medically indigent adults (MIAs), age 21 through 64 years, from the State to their county of residence. Counties with a population of less than 300,000 have the option of contracting with the State Department of Health Services (DHS) to administer services for MIAs under the CMSP. The enabling legislation can be found in Section 16809 et seq. of the Welfare and Institutions Code.

CMSP beneficiaries are "MIAs", (e.g., individuals typically with no other source of medical insurance). Often this group includes the working poor or uninsured that neither qualifies for Medi-Cal nor has access to employer-supported health insurance. The aid codes used for CMSP eligibles are: 50, 84, 85, 88, 89 and 8F. CMSP is the safety net for these individuals who would otherwise be without medical and dental care. A list of counties that participate in the CMSP can be found in the provider manual, and also noted on the front of this brochure.

ELIGIBILITY

The counties determine eligibility for CMSP. Patient Share of Cost and copayment procedures for CMSP will be the same as the Medi-Cal program. Eligibility questions should be directed to the county welfare department in the patient's county of residence. Persons eligible for CMSP will receive a Benefits Identification Card.

SHARE OF COST (SOC)

Providers may apply the same services used to clear a Medi-Cal SOC obligation to clear CMSP SOC obligation. Providers should note, however, that two separate point of service transactions are required. Clearing SOC for one program does not automatically clear SOC for the other program.

INPATIENT SERVICES

CMSP recipients may be admitted to non-contract hospitals as well as those hospitals under contract with the California Medical Assistance Commission. However, contract hospitals must bill under their fee-for-service provider number for CMSP claims, not their contract provider number.

COVERED SERVICES UNDER CMSP

- Acute inpatient hospital care
- Adult Day Health Care
- Blood and blood derivatives
- Chronic hemodialysis services
- Dental services
- Durable medical equipment
- Emergency ambulance services and medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized, or tertiary care
- Eye appliances (including lenses and frames. NOTE: CMSP recipients are ineligible for Prison Industry Authority optical laboratory services.)
- Hearing aids
- Home Health Agency services
- Hospital outpatient and outpatient clinic services
- Laboratory and radiology services
- Medical supplies dispensed by physicians, licensed pharmacies, or durable medical equipment dealers and prosthetic or orthotic providers
- Non-emergency medical transportation
- Optometry services
- Outpatient audiology services
- Outpatient heroin detoxification services (CMSP does not cover methadone maintenance)
- Outpatient occupational therapy services
- Outpatient physical therapy services
- Outpatient rehabilitation services in a rehabilitation facility
- Outpatient speech pathology services
- Pharmaceutical services provided by licensed pharmacists
- Physician services
- Podiatry services
- Prosthetic and orthotic appliances

NONCOVERED SERVICES

- Psychology
- Acupuncture
- Chiropractic
- Pregnancy-related
- Long-Term Care/Skilled Nursing Facility
- All services not covered by Medi-Cal

TREATMENT AUTHORIZATION

Claims for CMSP services are subject to Medi-Cal's usual treatment authorization requirements and utilization limits. Treatment Authorization Requests (TARs) for CMSP are authorized through the appropriate Medi-Cal field office using the Medi-Cal TAR forms. TARs for vision care providers must be submitted to DHS, Vision Care Unit. (See the provider manual for more information.)

ACCESS TO CARE

CMSP recipients may receive medically necessary services, within the CMSP scope of benefits, from any approved Medi-Cal provider throughout the State. Recipients may be required to pay \$1 for medication prescriptions, \$1 for office visits, and \$5 for emergency room visits that are not considered emergencies. Recipients are not restricted to only those providers within their county of residence. CMSP beneficiaries residing in Sonoma County may be enrolled in the Sonoma County Partners for Health/Managed Care Network. Information on this can be found in the CMSP section of the provider manual.

COMPANION AID CODE 8F

Aid code 8F is used for recipients eligible for CMSP services who also receive restricted Medi-Cal services under Medi-Cal aid code 53 (Medically Indigent—Long Term Care—with or without SOC). Aid code 8F provides full-scope CMSP coverage. Recipients may or may not have a SOC. Because aid code 8F is used in conjunction with Medi-Cal aid code 53, one SOC spenddown transaction will automatically apply to both the CMSP and Medi-Cal cases. If a Medi-Cal recipient with aid code 53 needs acute inpatient services and is a resident of a CMSP contract county, the provider of inpatient services must contact the county welfare department. If the aid code 53 patient is also eligible for CMSP, the CMSP County Welfare Department must establish the CMSP companion aid code 8F on the eligibility file to cover authorized inpatient services.

MENTAL HEALTH INPATIENT SERVICES

Effective January 1, 1995, the responsibility for the authorization of TARs for psychiatric inpatient hospital services was transferred to the county. Psychiatric inpatient hospital services for CMSP recipients will be authorized by the Mental Health Plan in the recipient's county of residence.